

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 439838

FILING DATE 11/12/99

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	2					
TOTAL OFF.	36					
TOTAL	38					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						